NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 9 October 2023**

Title: **Quality and Safety - Mental Health Report**

Responsible Director: **Caroline Cameron, Director of North Ayrshire Health and Social Care Partnership**

Report Author: **Darren Fullarton, Associate Nurse Director, North Ayrshire Health and Social Care Partnership**
Lorna Copeland, QI Lead Partnerships
Ruth Gilmour, QI Facilitator
Nina McGinley, Board Clinical Lead Excellence in Care (EiC)

1. Purpose

This is presented to the Board for:
- Discussion

This paper relates to:
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper outlines The Scottish Patient Safety Programme (SPSP) Mental Health Collaborative and Excellence in Care (EiC) progress locally and describes to members the current status and plans going forward in relation to core measures including:

Mental Health Collaborative
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm

Excellence in Care
- In-Patient Falls Rate
- In-Patient Pressure Ulcer Rate
- Food, Fluid and Nutrition

- Establishment Variance
- Supplementary Staffing
- Predictable Absence
- Quality Management Practice Learning Environment (QMPLE)

2.2   Background

The Scottish Patient Safety Programme – Mental Health (SPSP MH) is a national initiative launched in 2008 that aims to support and improve the safety and reliability of health and social care and reduce harm when care is delivered.

In November 2021 Healthcare Improvement Scotland (HIS) invited Boards to express interest in a Collaborative Programme which is the next step to 'From Observation to Intervention' national guidance. From April 2022 to present this has been the main focus of HIS.

The SPSP Mental Health Collaborative focuses on supporting NHS Boards with:

- Creating the conditions for improvement within teams
- The implementation of 'From Observation to Intervention' national guidance
- Reducing the incidence of Restraint, whilst improving this experience for staff and patients
- Reducing episodes of Seclusion, whilst improving this experience for staff and patients

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence that they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland. The EiC programme ensures that all NHS Boards have consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. The EiC programme is supported by the application of the EIC Framework and the application of the Health and Care (Staffing) Act.

2.3   Assessment

As part of the new SPSP Mental Health Collaborative, participating Boards have a requirement to record data relating to: Restraint, Seclusion, Violence, and Self Harm.

Additional measures collated include:
- % of therapeutic interventions
- % of restraint debriefs

However, these measures are only collected in areas that are relevant to the tests of change identified and have been challenging to collate due to reports of clinical and operational pressures.

The data workbook provided by HIS is utilised by the participating wards in the Collaborative; wards 7A, 8, 10, and 11, to record rate of episodes of violence, rate of restraint and rate of self-harm.

Over the past six months, these four wards have experienced ongoing significant demands and pressures, with very high acuity and over-occupancy, for which the teams supported the operation of an "overflow ward". This was a temporary five

bedded ward within the vacant Ward 7B at Woodland View. The ability to consistently focus on the work of the Collaborative proved challenging as a result of this; however despite this, the teams are continuing with their improvement activities.

Earlier in the year HIS extended the Collaborative from April 2023 to August 2023 which reflected the needs of the pilot sites across the Health Boards in Scotland.

Locally, the EiC programme submits specified measure data to Public Health Scotland monthly, following extraction of data from Quality Improvement Portal, DATIX, QMPLE and SSTS. Data can be accessed via the Care Assurance and Improvement Resource (CAIR) for assurance and triangulation of data. Scottish Government (SG) EiC objectives for 23/24 include increasing user access to CAIR. NHS Ayrshire & Arran EiC programme is committed to achieving SG objectives and are working with clinical leaders to support registration and user sessions.

The EiC Lead is supporting the MH senior nursing team to review the NHS Ayrshire & Arran (NHSAA) Care Assurance Audit tool. The aim is to devise a MH specific assurance tool that provides meaningful information and assurance. Measure submission percentage for all active measure has increased, with the addition of Food, Fluid and Nutrition and QMPLE data. We are working alongside Specialist Dementia Units (SDU) to implement audit collection of compliance of Stress and Distress Behavioural Assessment within SDU clinical areas. Submission of Stress and Distress is reliant on data extraction from Care Partner and Business Intelligence programme support.

QI Capacity and Capability
Within Mental Health Services there is a focus on increasing QI capacity and capability through a number of learning opportunities. The Turas platform provides 6 'Introduction to QI' modules that are available for all staff to complete. Unfortunately at this time NES are unable to provide reports below organisational level. Moving forward, to mitigate this, discussions are ongoing to ascertain if this data can be captured at a local level. This will involve ensuring staff have their TURAS and Learnpro accounts linked or captured manually within the area to represent increased capacity and capability at an introductory level.

To date:
- 28 Mental Health staff have completed Improvement Science Fundamental Course or Ayrshire and Arran Improvement Foundation Skills (AAIFS)
- 4 staff having completed a national qualification - Scottish Improvement Leadership (ScIL); however, 2 have moved onto roles out with the service.
- 1 member of staff is currently completing ScIL in alignment with EiC

The applications for AAIFS from a mental health perspective have been low since the initiation of the course. The applications for Cohort 8, 9 and 10 of AAIFS (2024) are aiming to be released in September and mental health colleagues will be encouraged to apply. This will be advertised through multimodal avenues to ensure awareness in an attempt to increase staff uptake. Visiting QI advisors/facilitators to ward areas will also emphasise the importance of applying and provide any additional information required. Going forward the Mental Health and Learning Disability Celebration events will include staff who have attended AAIFS to present their improvement journey and celebrate that success.

Staff are also invited to attend The Quality Improvement and Innovation Group to share their improvement ideas, feedback on tests of change and identify where QI support and education can be offered. The introduction of this collaborative QI team and Senior Nurse model has helped to establish a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across Mental Health Services.

From Observation to Intervention
This revised 'Improving Observation Practice' national guidance, piloted within Ward 10, reflects a shift in mindset based on emerging good practice within mental health in-patient culture and practice, which utilises a proactive approach to care, treatment and safety. This is based on prevention, early recognition and early response strategies to address potential or actual patient deterioration of health, wellbeing or risk, and is applied to all patients in the ward.

This guidance moves away from centralising the use of observation status to determine and describe the nature and extent of care, treatment and safety planning and associated intervention and interaction an individual requires. Instead, care, treatment and safety planning is guided by the identified specific clinical needs of the individual.

Seclusion
Healthcare Improvement Scotland have facilitated conversations with NHS Boards to explore the operational definition of seclusion within Mental Health.
Both Ward 7A and 8 have devised their own operational definition of seclusion and have developed a guideline pathway which supports observation and seclusion practice as a continuum. Within Ward 8 there have been a number of QI Facilitated group sessions to identify a working guideline based on the teams/service understanding of their own environment and working arrangements.

Collaborative Working
The QI Lead meets with the Associate Nurse Director on a monthly basis. The QI Lead also attends the Senior Nurse Meeting for Mental Health and this provides an open platform to share data and offer QI support around the SPSP/EiC agenda. The month of June saw a change in Partnership QI Lead, and this collaborative working will continue to be provided post transition.

Clinical Governance Reporting
The previous QI Lead was Deputy Chair of the SPSP Mental Health Steering group and regularly attended the Mental Health Clinical Governance and Development Group as well as Partnership Governance groups to provide updates from a QI perspective. This pattern of reporting and communication will be continued by the new QI Lead.

2.3.1 Quality/patient care
The aim of the SPSP Mental Health Collaborative is to reduce the level of harm experienced by people using healthcare services. This is complimented by the EiC programme of work. This is a national approach which aims to ensure people have confidence that they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland. Commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations, Excellence in Care seeks to improve, integrate and coordinate the way quality care services are delivered.

2.3.2 Workforce

The QI team has undergone considerable change over recent months. This includes a change of Lead in June 2023 and resignation of an experienced QI Facilitator. This post has now been replaced and the new B6 QI Facilitator will be supported with the transition into this role. Recruitment remains challenging.

One of the key challenges reported from a clinical perspective while undertaking SPSP work has been related to staffing levels being below normal compliment. The 4 wards have newly qualified nurses joining their teams in the imminent future which will help address this.

2.3.3 Financial

It should be noted that reduced performance in relation to Quality and Safety may have a financial impact, such as increased length of stay.

2.3.4 Risk assessment/management

Failure to comply with national improvement programmes may lead to patient harm, complaints, litigation and adverse publicity.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because the policies for this improvement work are derived from a national standard. Implementation of this work impacts positively on all patients and service users regardless of inequalities or protected characteristic.

2.3.6 Other impacts

- Best value
    – Vision and Leadership
    – Governance and accountability

- Compliance with Corporate Objectives
    – Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect. Protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care

2.3.7 Communication, involvement, engagement and consultation

This is an update for Board Members on the Board's current progress in relation to SPSP Mental Health activity in alignment with EiC, and therefore external engagement/consultation is not required.

2.3.8 Route to the meeting

A version of this paper was previously considered by Healthcare Governance Committee at their meeting on 11 September 2023.

2.4 Recommendation

For discussion. Board Members are asked to discuss the overview of performance and activity presented and to be assured by the work being progressed in mental

health services to deliver the aims of the SPSP (Mental Health Collaborative) and the EiC programme within NHS Ayrshire & Arran.

3. **List of appendices**

The following appendices are included with this report:

• Appendix 1, Charts and Data measures for Wards 7A, 8, 10 and 11.

**Data Measurements and run charts for Wards 7A, 8, 10 and 11**

Ward 7A

Ward 7A have been utilising the support of the Development Manager: Learning Difficulty Services and despite the challenges have focussed on specific areas within the SPSP MH Change Package. The areas they prioritised have been

- Development of a draft local seclusion policy specific to their needs. As a result of examining the environment during this process the ward reduced their bed compliment from 10 to 7 in November following a review of the suitability of the ward environment.
- Use of preventative, early and therapeutic intervention approaches that are trauma informed.

The team plan to test Beat-It Therapy (a behavioural activation programme) with one patient, led by the ward SCN and ward Psychologist, with sponsors drawn from qualified/skilled Beat-It community staff. Unfortunately this test of change was postponed due to a Psychology vacancy arising. A new Psychologist has recently been appointed and the team plan to move forward and continue this test beyond the collaborative end date. As a result there is no data specifically relating to this test of change.

Ward 7A have witnessed high acuity, challenges with registered staffing levels and competing demands and as a result have often had to reschedule or cancel QI support visits.

Rate of incidents of physical violence per 1,000 OBD
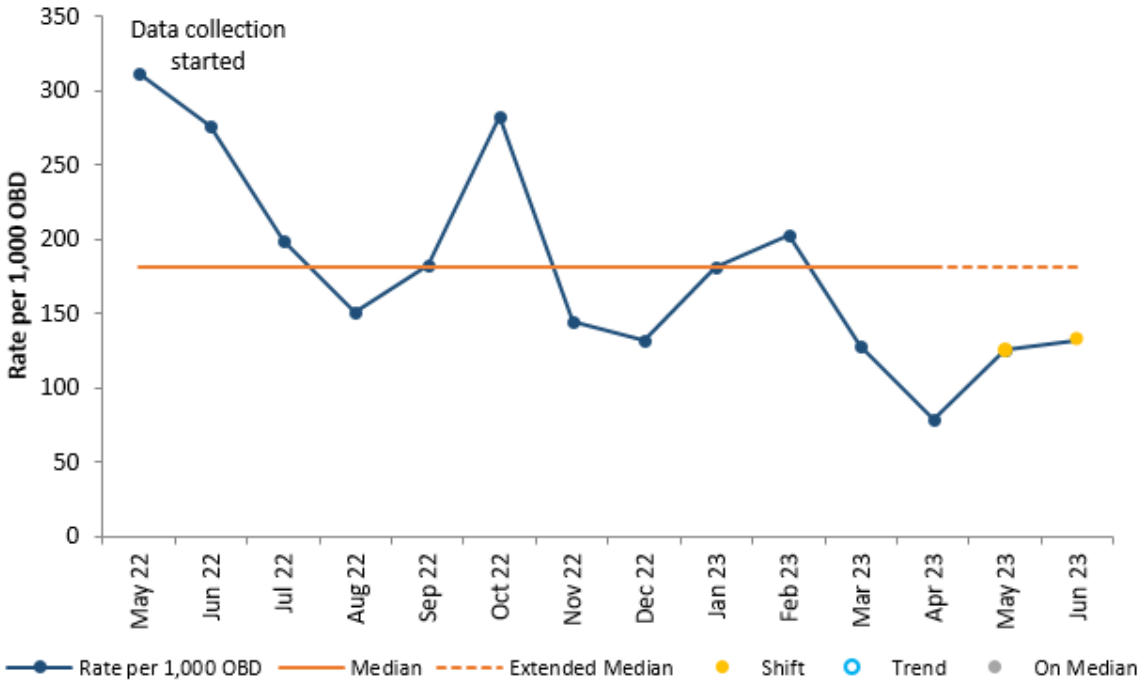

The median rate of violence is currently 181.8 per 1000 Occupied Bed Days (OBD). The last 4 data points reveal an improving signal, however, this coincides with a reduction in bed capacity from 10 to 7 inpatient beds.

Rate of incidents of restraint per 1,000 OBD
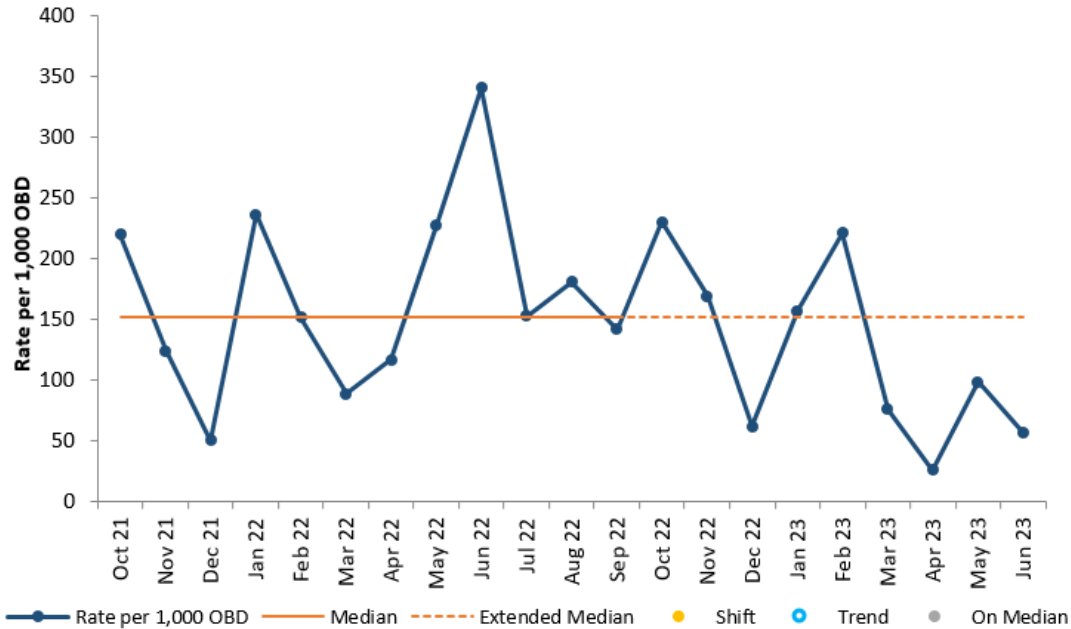
The median rate of restraint within Ward 7A is currently 152.4 per 1000 OBD. The astronomical point in June 2022 can be attributed to individual patients with complex needs. The data reveals random variation, however March to June 2023 data reveals positive signals with 4 data points below the median.

Rate of incidents of self-harm per 1,000 OBD
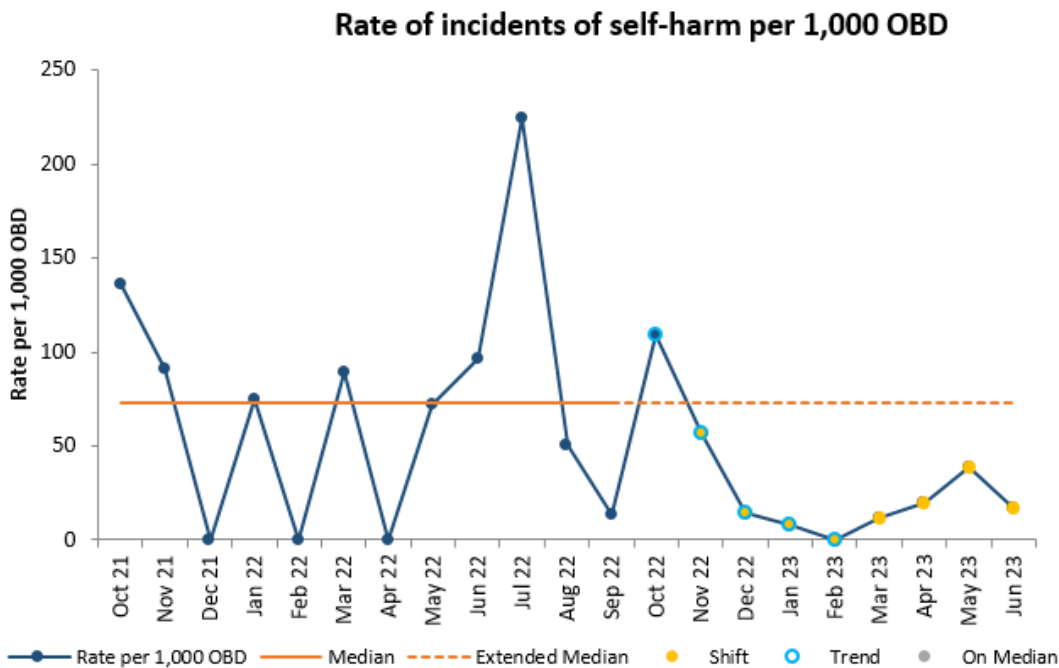
The median rate of self-harm is currently 73.1. However, since Oct 2022 the data points have been consistently below the median for 8 months revealing a reducing shift.

Rate of episodes of seclusion per 1,000 OBD

Woodland View 7a
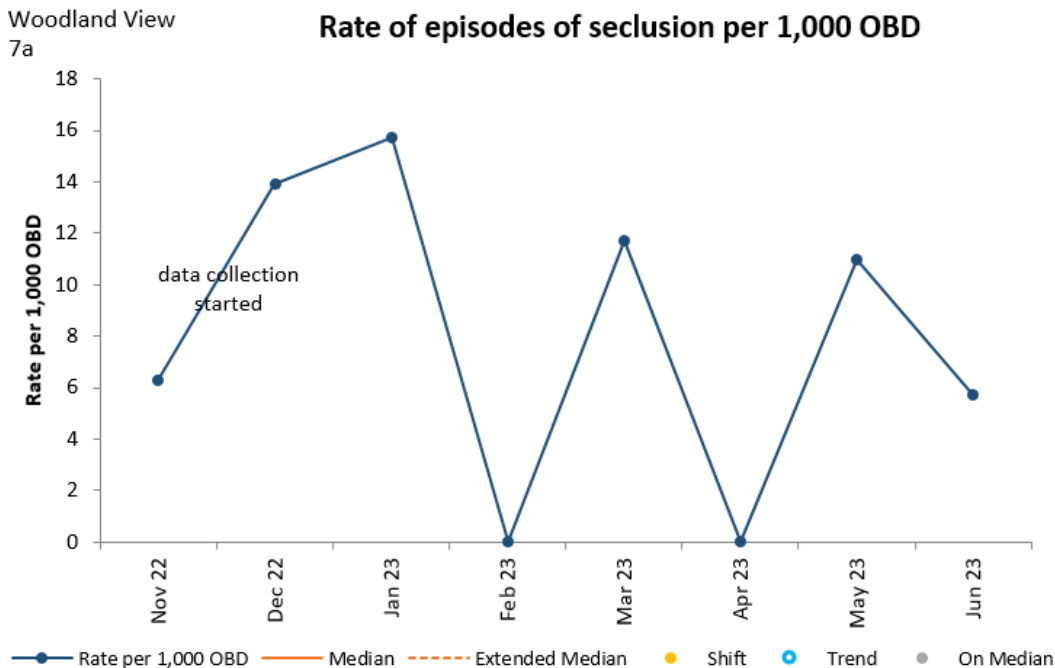
Rate of seclusion data gathering is in it's infancy at present and will take time to generate meaningful data. 12 data points are required to calculate a median and therefore a benchmark.

Ward 7a EiC Data measures June 2022-June 2023 (count):

- Fall count- 1
- Fall with harm- 0
- Pressure Ulcer - 0

Ward 8

Ward 8 is the Intensive Psychiatric Unit which has a bed occupancy of 8 beds. The ward has focussed on

- Utilising the Dynamic Assessment of Situational Aggression tool (DASA-IV) and threading this into clinical discussions and their twice daily safety huddles. This tool is used to predict escalating risk of violence.
- There has been focussed work with the team to create a shared operational definition of seclusion in reference to the Mental Welfare Commission's "Use of Seclusion Good Practice Guide" which recognises seclusion as a form of restraint with two distinct levels of seclusion. The team have progressed to developing a pathway in/out of seclusion that records rationale for seclusion and has a robust seclusion review process.

Rate of incidents of physical violence per 1,000 OBD
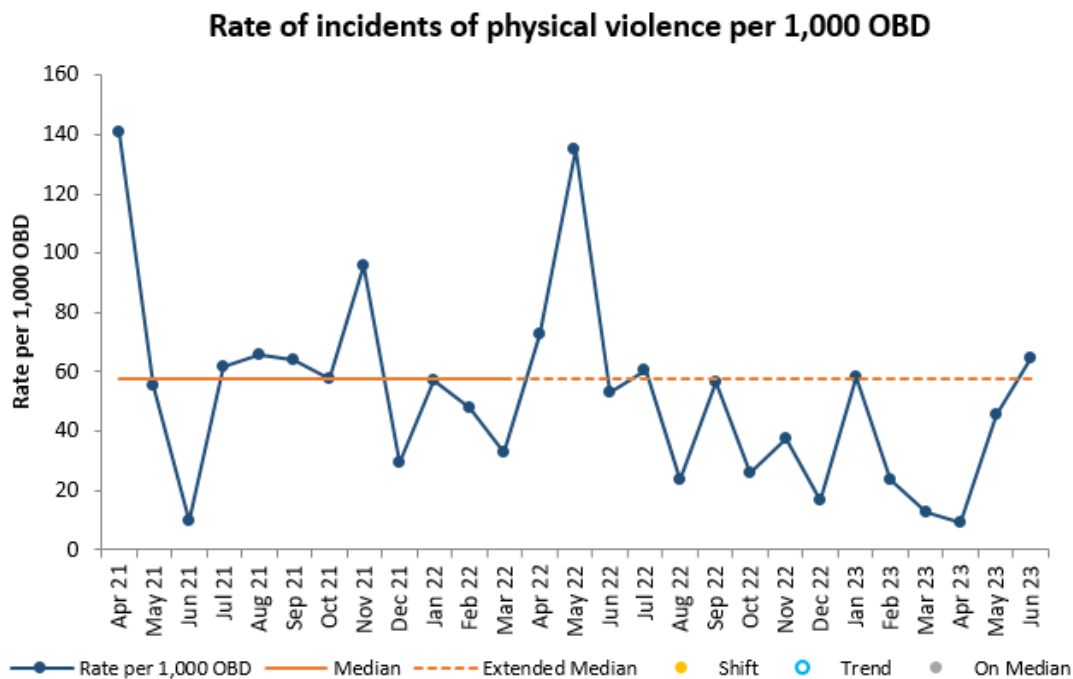
The median for rate of physical violence is currently calculated at 57.4 per 1000 OBD. The astronomical point observed in May 2022 was attributed to individual patients who presented with acute illness. Since June 2022 the data points have, on the whole, remained below the median. Unfortunately a reducing shift was broken in Jan 2023. The data reveals an unsustained improvement in rate of physical violence since the collaborative began in comparison to previous months.

## Rate of incidents of restraint per 1,000 OBD
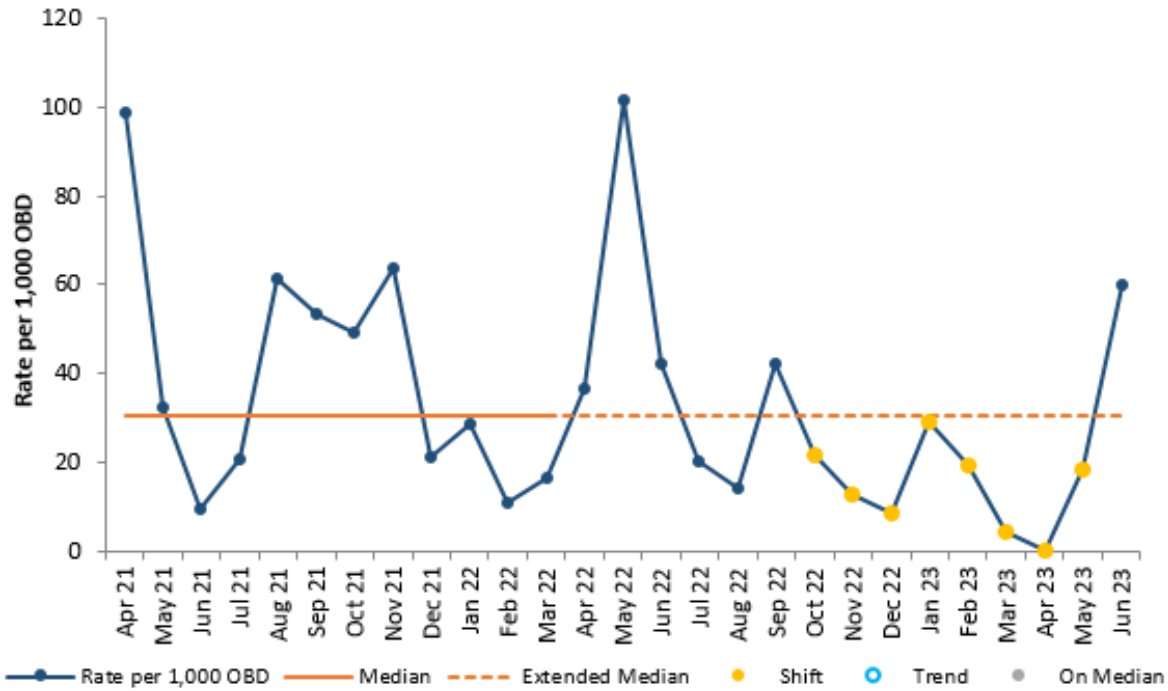
The median for rate of incidents of restraint is currently 30.5 per 1000 OBD. Similarly to physical violence, May 2022 observed an astronomical point in relation to the acuity of patients during that time. Positively, Oct 2022- May 2023 revealed a reducing shift, however, this signal of improvement was broken in June 2023. This reveals unsustained improvement in the incidence of restraint within Ward 8.

Rate of incidents of self-harm per 1,000 OBD
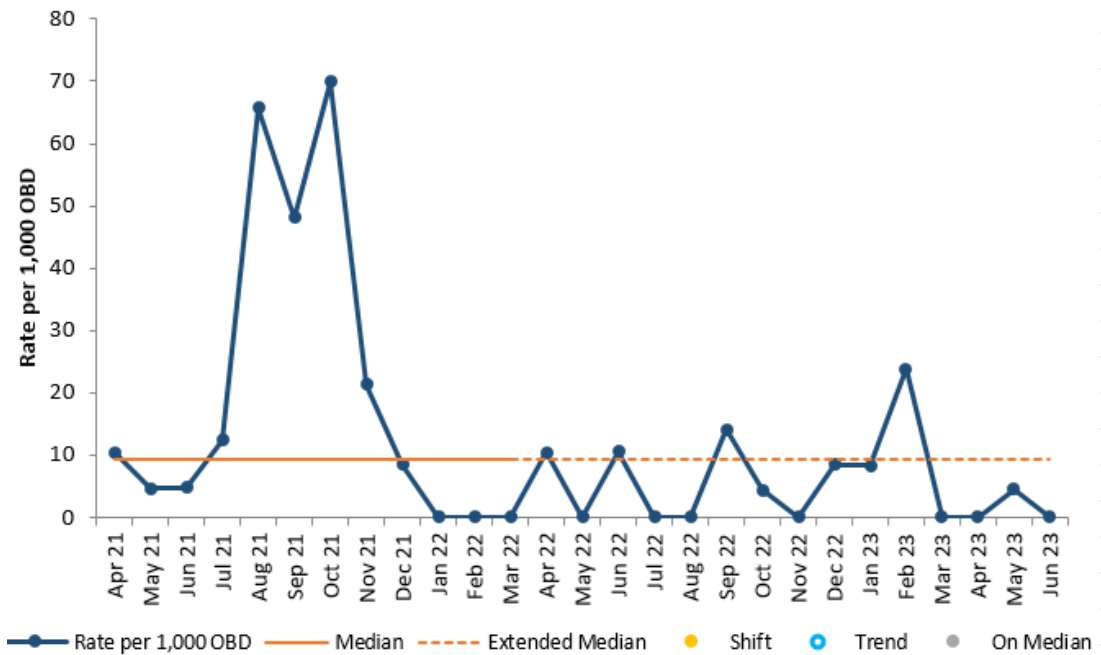
The median rate of self-harm is currently 9.4 per 1000 OBD.   Despite the lack of a shift, the data signal is one of improvement since December 2021.

Rate of episodes of seclusion per 1,000 OBD
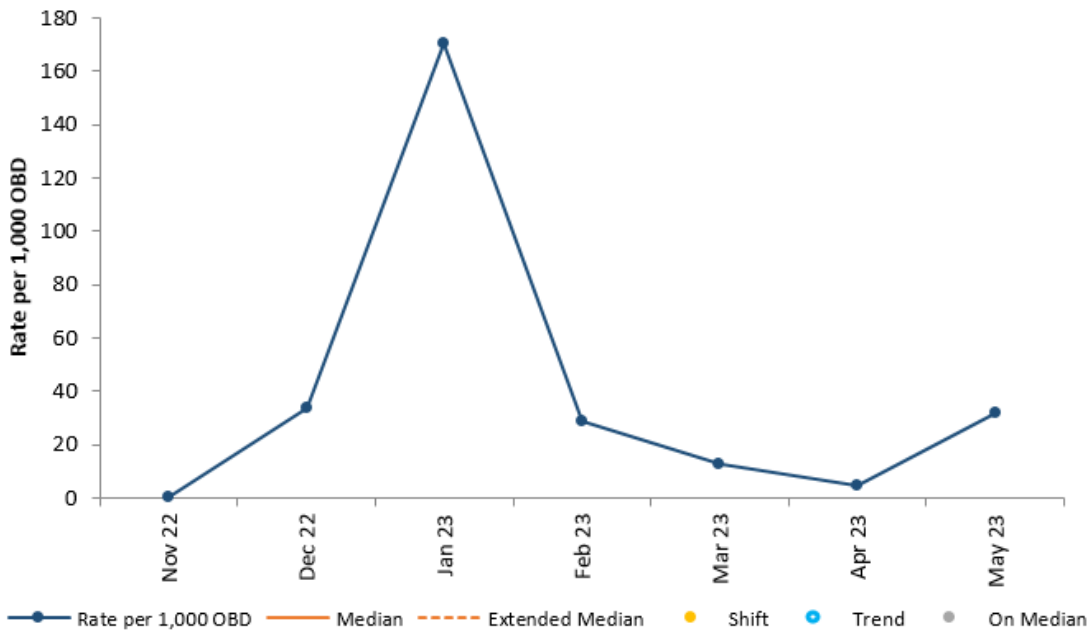
Rate of seclusion data gathering is in its infancy and will take time to generate meaningful data. 12 data points are required to calculate a median.

Ward 8 EiC Data measures June 2022- June 2023 (count):
- Falls -11
- Falls with harm- 3
- Pressure ulcers- 0

Ward 10

Ward 10 is an adult acute admission ward comprising of 20 beds. The ward and QI teams have tested:

- A new model of care aligning to the principles of the Improving Observation work stream. The aim is for all patient's to be offered an individualised daily activity planning session, a daily review of their diarised activities, and supported interventions/activities in between. Each patient and their family/carers (where possible) are asked to collaborate in completing "What matters to me", to build personalised support and activity during their stay. The supported aspect of the activities are delivered on a continuum, and frequency/intensity of support flexes to the individual's needs and abilities to independently maintain structure to their day.

- In addition to this a clinical pause (2hrs) for deteriorating patients who potentially require continuous intervention was introduced. Due to the infrequent occurrence of enhanced observations (continuous intervention) it was acknowledged data capture would be challenging and therefore not included.

  The team have required a full complement of their own skilled staff to test these change ideas and during challenging periods have suspended their test of change. However, despite these challenges they have persistently endeavoured to adopt this model.

### Rate of incidents of physical violence per 1,000 OBD
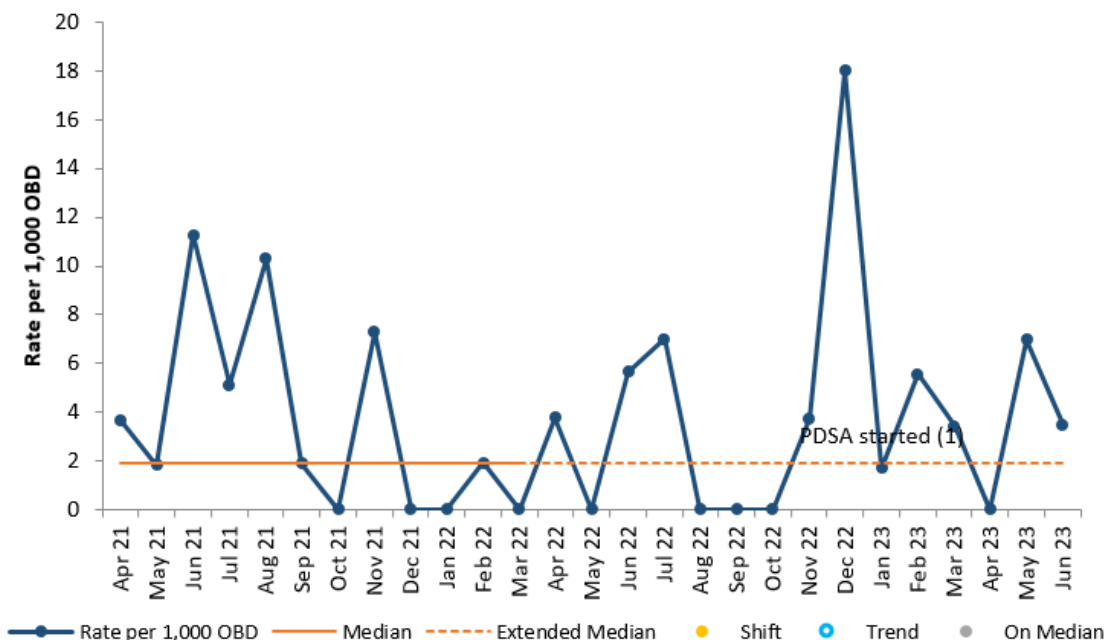
The median rate of physical violence for Ward 10 is 1.9 per 1000 OBD. The astronomical point can be attributed to specific patients with high acuity needs. Random variation is evident.

Rate of incidents of restraint per 1,000 OBD
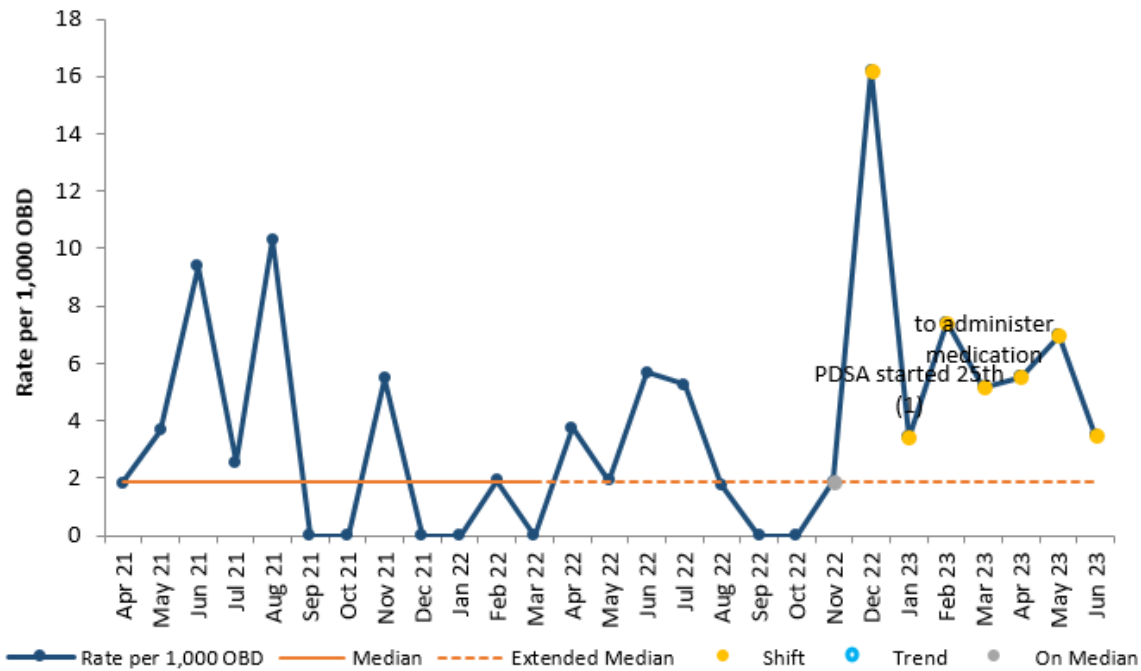
The median rate of restraint for Ward 10 is 1.9 per 1000 OBD. Nov 2022- June 2023 data reveals an increasing shift indicative of higher rates of violence as noted above.

Rate of incidents of self-harm per 1,000 OBD
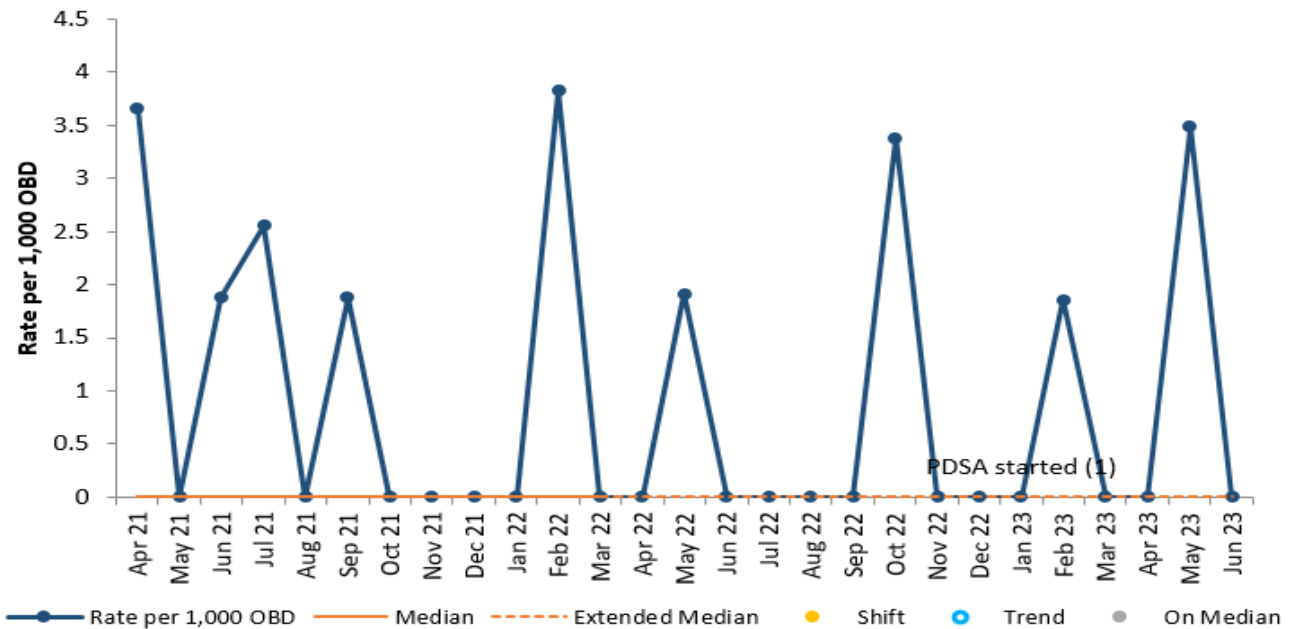
The median rate for self-harm in Ward 10 is zero with sporadic incidences evident. Ward 10

EiC Data measures. June 2022-June 2023 (count):
- Falls – 12
- Falls with harm -1
- Pressure ulcers - 0

Ward 11

The team have been focussing on improving restraint practices:

- Testing and scaling up of the Broset Violence Checklist (BVC) from one nurse/one patient to every new admission, or individual with an altered or unstable risk of violence. The BVC moderate and high risk scores are being highlighted at ward twice daily huddles to develop a plan of support for the requiring patients.
- Testing a staff debrief tool designed by staff within Ward 11, which acknowledges potential harms to the patient, the staff involved and highlights themes for reflection/further support.

### Rate of incidents of physical violence per 1,000 OBD
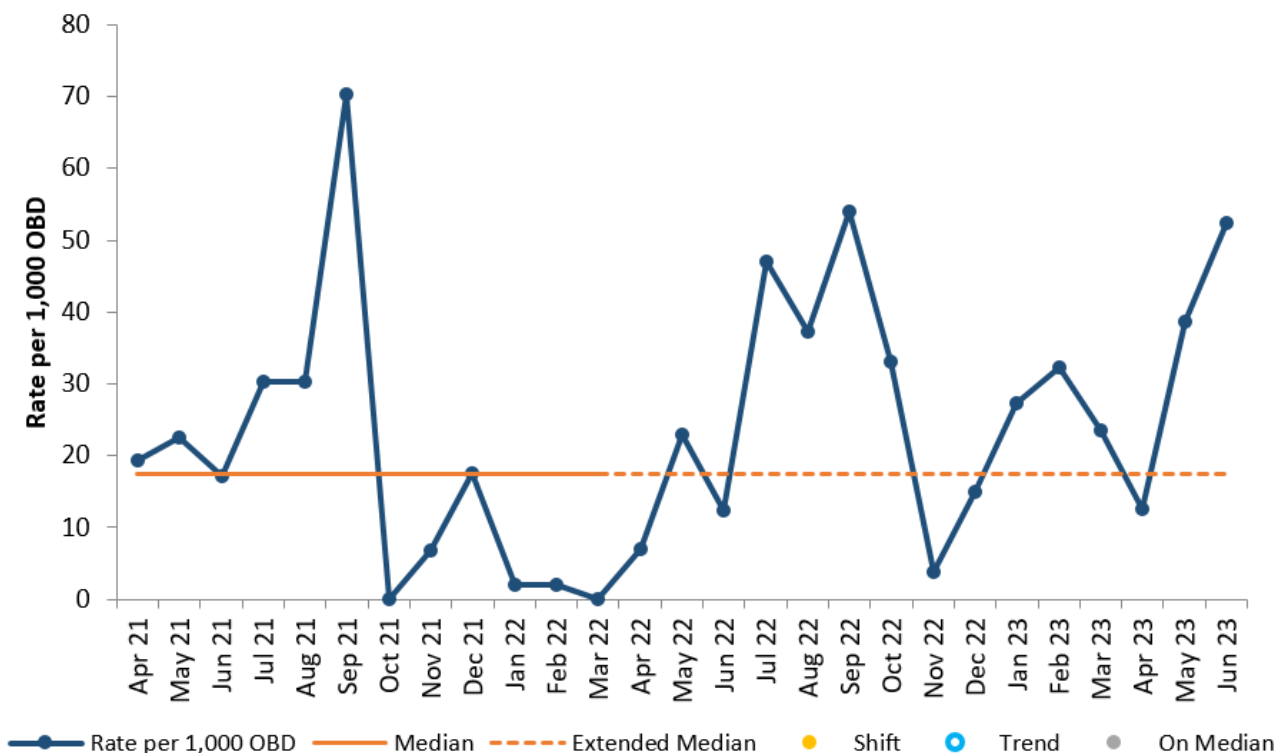
The median rate of physical violence is currently 17.4 per 1000 OBD. The data reveals random variation within the system. Periods of increased rates can be attributed to patients with complex needs and behaviours that reflect this.

Rate of incidents of restraint per 1,000 OBD
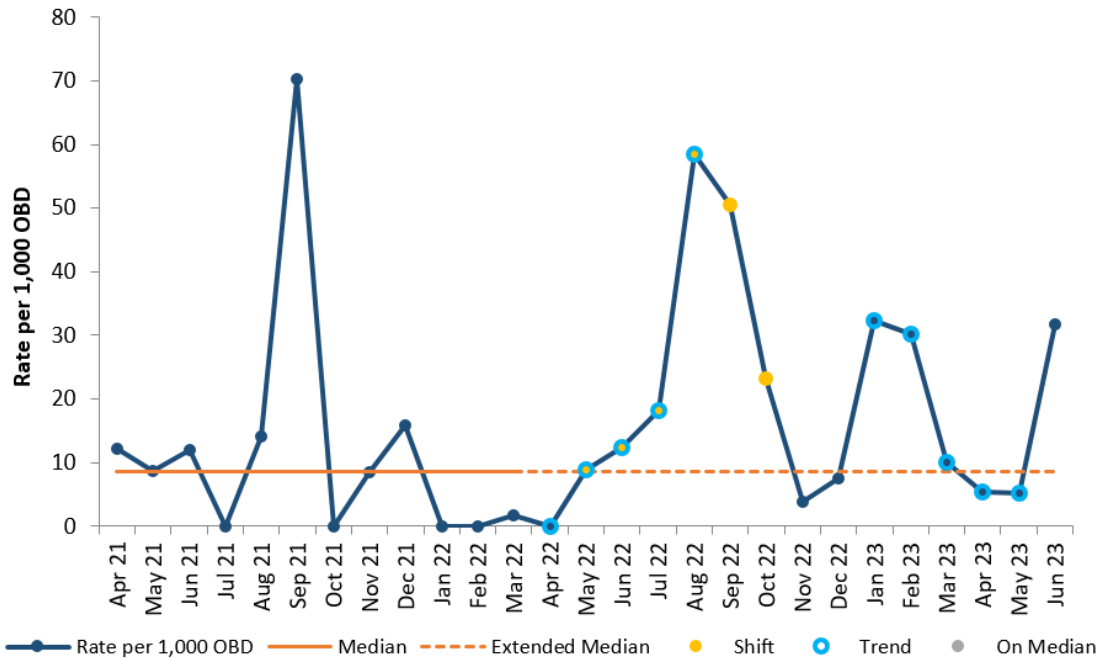
The median rate for restraint is currently 8.6 per OBD. Recent months have revealed a reducing trend

Rate of incidents of self-harm per 1,000 OBD
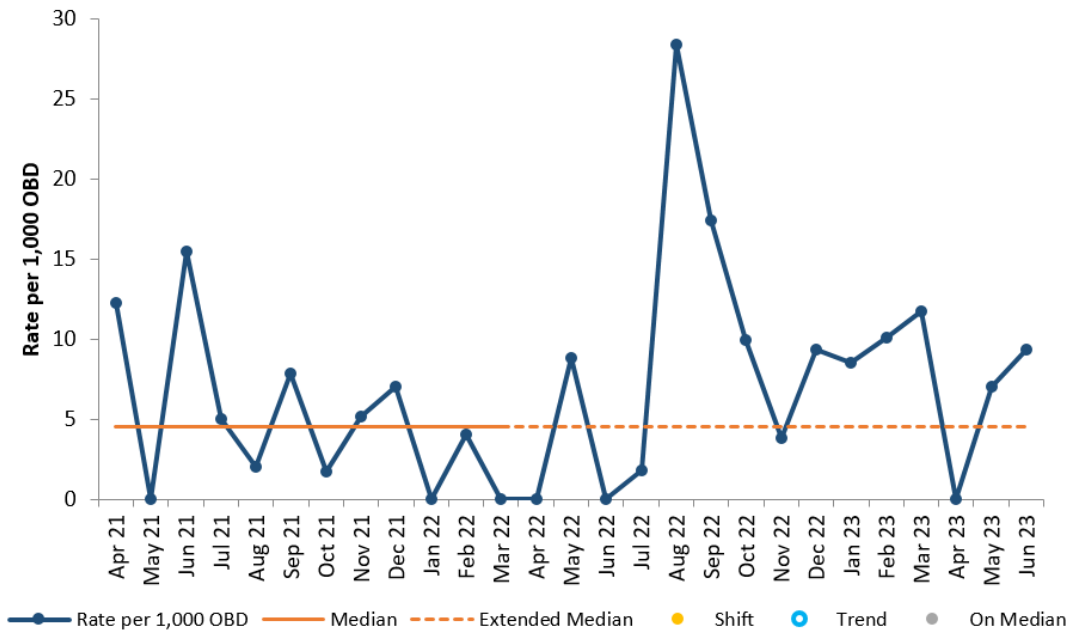
Ward 11 EiC Data measures June 2022- June 2023 (count):
- Falls – 18
- Falls with harm – 2
- Pressure ulcers - 0

Summary

- This report provides an overview of performance and activity in terms of SPSP (Mental Health portfolio) within 4 Mental Health wards within NHSAA which is summarised below:

- The SPSP Mental Health Collaborative have provided a workbook to aid in the collection of the measures. Ayrshire and Arran are in the process of ensuring the additional data measures are recorded and reported using the template provided.

- There is no ability to benchmark the rates of these identified measures due to a lack of national reporting of data. This has been highlighted to HIS.

- Enhanced observation hours are calculated for each ward with variation between wards due to altering levels of clinical acuity and patient care need.

- Although there is no Falls Co-ordinator or Pressure Ulcer Improvement Nurse out with the Acute Hospitals, the QI team continue to liaise with them in terms of their expert knowledge, for guidance and support to clinical areas. Training and education sessions are delivered.

- QI and the SCNs are currently in the process of collating qualitative data for sharing, as well as seeking patient stories, staff experiences and reaching out to a few key individuals directly affected by the specific tests of change.

- Data collection has been challenging specifically around rate of seclusion, therapeutic interventions and restraint debrief.